

YES(X)\_\_\_\_\_NO(X)\_\_\_\_

\_ NO(X)\_

YES(X)\_\_\_

**ASBESTOS** 

## SPECIAL HANDLING AND DISPOSAL PERMIT APPLICATION **DEPARTMENT OF ENVIRONMENTAL SERVICES**

NOTE:	WASTE, YOU	AD CONTAINS MATERIAL FROM DIFFERENT CUSTOMERS OR DIFFERENT TYPES OF U ARE REQUIRED TO FILL OUT AN APPLICATION FOR EACH DIFFERENT CUSTOMER OF MATERIAL.
DATE:/	/	
MATERIAL	INFORMA	ΓΙΟΝ
DESCRIPTION	ON OF MATI	ERIAL WASTE:
ORIGIN OF	WASTE:	
ESTIMATEI	O TOTAL QU	JANTITY (Tons or CY):
RATE OF D	ISPOSAL (Fo	or Ex., 1 Ton/load)
FREQUENC	Y OF DISPO	SAL (How many times will you be going to Landfill?)
NOTE:	PLEASE NO LIQUID WA	TE THAT THE CLINT LANDFILL IS NOT PERMITTED TO ACCEPT ANY TYPE OF STE.
Will the mate	erial you dispo	ose consist of any closed 55 gallon containers or similar?
YES(X)	NO(X)	
If yes, contain	ners will be re	equired to be open and accessible for inspection by landfill staff.
Does your ma	aterial contair	any of the following:
YES(X)	_ NO(X)	PCBSs (POLYCHLORINATED BIPHENYLS) – EXAMPLES; ITEMS CONTAINING ELECTRICAL TRANSFORMERS, CAPACITORS, AND BALLASTS
YES(X)	NO(X)	LEAD ACID BATTERIES
YES(X)	_NO(X)	
YES(X)		
YES(X)	_ NO(X) _ NO(X)	REFRIGERATORS, FREEZERS, AND REFRIGERATED AIR CONDITIONERS STILL
		CONTAINING REFRIGERANT
YES(X)	_NO(X)	LIQUID WASTE
1 ES(X)	_ NO(X)	REGULATED HAZARDOUS WASTE – SOME EXAMPLES; PAINT, ITEMS CONTAINING MERCURY, CLEANING FLUIDS, PESTICIDES, DEGREASERS
YES(X)	NO(X)	RADIOACTIVE MATERIALS

1 **REV A** FORM 330.171

CLASS I OR CLASS II INDUSTRIAL WASTE – EXAMPLES; SOLID WASTE RESULTING FROM OR INCIDENTAL TO ANY PROCESS OF INDUSTRY,

MANUFACTURING, MINING OR AGRICULTURAL OPERATIONS

## **PERMIT INFORMATION** DATE: \_\_\_\_\_ LANDFILL: AMOUNT PAID: \_\_\_\_\_CHECK #:\_\_\_\_ACCOUNT NO.:\_\_\_\_CASH(√):\_\_\_\_ If you have any other federal or state permits for hauling, transporting, storing, or disposal of waste, please include below. PERMIT NO.: \_\_\_\_\_ TYPE: \_\_\_\_ EXPIRES ON: \_\_\_\_ PERMIT NO.: \_\_\_\_\_ TYPE: \_\_\_\_ EXPIRES ON: \_\_\_\_ **GENERATOR INFORMATION** COMPANY/INDIVIDUAL'S NAME: OWNER OF COMPANY: PHONE NUMBER: TRANSPORTER INFORMATION COMPANY/INDIVIDUAL'S NAME: OWNER OF COMPANY: \_\_\_\_\_ ADDRESS:

PHONE NUMBER: \_\_\_\_\_

## **APPLICANT INFORMATION**

APPICANT'S NAME:
APPICANT'S NAME:(Print Last Name, First Name)
SIGNATURE:
DATE:
**************************************
Is applicant's certification form of non-Hazardous Waste/Material, signed and attached to application.
YES (X) NO (X)
Did applicant receive a copy of "Landfill Policy on Traffic Safety"?
YES (X) NO (X)
PROCESSED BY:(Print Last Name, First Name)
REMARKS:
APPROVED BY:(Print Last Name, First Name)
SIGNATURE: DATE: